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## BIB DATA SHEET

CONFIRMATION NO. 2421

|  |   |                               |   |   |                                |
|--|---|-------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/746,144   | <b>FILING or 371(c) DATE</b><br>12/21/2000<br><b>RULE</b>   | <b>CLASS</b><br>600           | <b>GROUP ART UNIT</b><br>3736   | <b>ATTORNEY DOCKET NO.</b><br>01035.0025-00 |                                |
| <b>APPLICANTS</b><br>Wayne E. Cornish, Fallbrook, CA;<br>Sharon Wong, San Francisco, CA;<br><b>** CONTINUING DATA *****</b> /JF/<br><b>** FOREIGN APPLICATIONS *****</b> /JF/<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>02/09/2001                      |   |                               |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and /JONATHAN M FOREMAN/<br>Acknowledged Examiner's Signature | <input type="checkbox"/> Met after Allowance<br>Initials  | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWINGS</b><br>1   | <b>TOTAL CLAIMS</b><br>19                   | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>ABBOTT CARDIOVASCULAR SYSTEMS INC./<br>FINNEGAN HENDERSON L.L.P.<br>901 NEW YORK AVENUE , N.W.<br>WASHINGTON, DC 20001<br>UNITED STATES  |   |                               |   |   |                                |
| <b>TITLE</b><br>Superelastic guidewire with locally altered properties   |   |                               |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>924  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |